

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 13 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11082006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000136129 1. Entity Name SALAS & SONS INC					
Principal Place of Business 3108 ALCANTE STREET PENSACOLA, FL 32526			Mailing Address 3108 ALCANTE STREET PENSACOLA, FL 32526		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SALAS, HELAR E 3108 ALCANTE STREET PENSACOLA, FL 32526				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALAS, HELAR E 3108 ALCANTE STREET PENSACOLA, FL 32526 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">800081740318</div> <div style="text-align: center;">11/13/06--01044--018 **150.00</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALAS, LUIS E 3108 ALCANTE STREET PENSACOLA, FL 32526 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Luis E. Salas</i></u> 11/09/06 (850) 698-1009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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11/15/06

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**Salas & Sons Inc
3108 Alicante Street
Pensacola, FL 32526**

November 8, 2006

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

**RE: Salas & Sons, Inc.
Document Number P05000136129**

To Whom It May Concern:


We spoke with one of your customer service representatives and they advised us to write you a request to reinstate **Salas & Sons Inc.** and to waive the reinstatement fee.

We were organized in 2005 and this is the first time we had to renew the corporation and did not know that the State sends a reminder post card so we were not really looking for it, we did not know. That is the reason why we did not file the report on time. This will never happen again.

We ask that you please accept this check in the amount of \$150 to cover the annual corporate fee and reinstate the Corporaion.

We appreciate your help and understanding and please, do not hesitate to contact us if you have any questions or concerns about this matter.

Sincerely,

 11/09/06

Luis E Salas
Vice President